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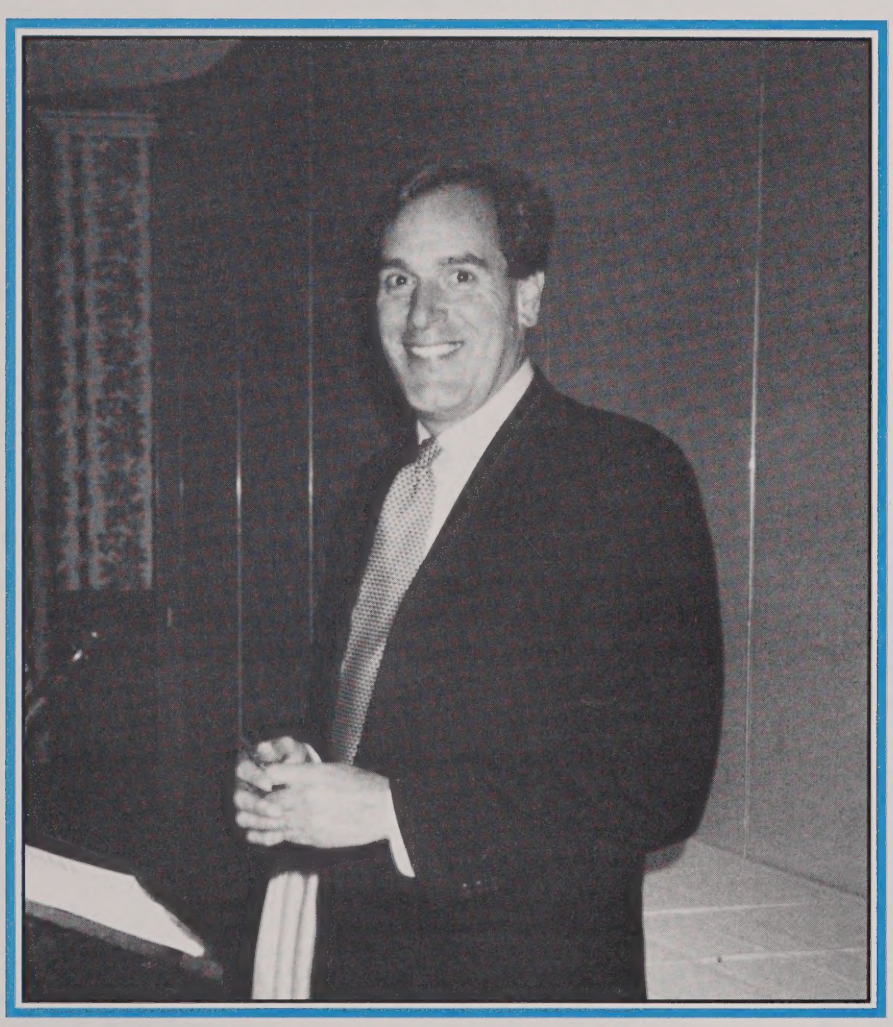

Senator Brian P. Lees

Annual Meeting

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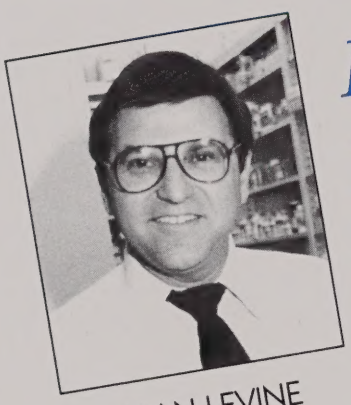

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THE
Hampden Hippocrat
SUMMER 1996

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The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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From The Editor

This issue marks the end of the 1995-1996 year. An exciting reality is the purchasing of teleconferencing equipment by the state medical society. This equipment will be available to members at the Regional Office in Holyoke and can be used to link us with state society headquarters in Waltham. This gives our members the advantage of going to Holyoke to "attend" meetings taking place in the eastern part of the state. Members may contact Crystal Hogan at the Regional Office for updates regarding the availability of using this equipment.

The New England Medical Center's Neuromuscular Research Unit is recruiting patients with post polio syndrome. A letter to Mr. Carroll Dwyer gives details for physicians who may want to refer interested patients. West Springfield and Westfield have been chosen as intervention communities for an eighteen month study that will help educate patients and doctors about the value of early intervention for heart attack victims. The article by Kathleen Lovell and Lorraine Wallace details the rationale and importance of this project.

Dr. Brigid Glackin has been tireless in her efforts as editor of the Hippocrat for several years. We all owe her our gratitude for producing an excellent publication. In order to provide Brigid assistance for future issues and to have more members involved in the publication, we are seeking additional help from the membership. Dr. Dennis Gordan became involved last year, and Dr. Francis Horrigan and I have each volunteered to be editor for one issue. The society could use more help in preparing these issues, and anyone interested should contact Carol Nystrom at the society headquarters in West Springfield.

Finally, I wish to welcome Dr. Daniel Dress as our new President. Dan has been totally selfless in the amount of time he has devoted to the district society in the past two years. He is an excellent role model for all of us, and it has been a pleasure serving with him on the executive committee. We will all benefit with Dan leading the society for the coming year.

John J. Papale, M.D.
Editor

Doctor Robert S. Mandell–In Memoriam

On April 30, 1996 Bob Mandell passed away. His patients lost a caring physician and the community lost a dedicated practitioner who organized prostate cancer screening programs. Urology Group of Western New England lost a partner, who through his desire to practice state of the art medicine brought new procedures and treatments to the practice. His family lost a loving husband, father, and proud grandfather. We, of course, lost a good friend. Bob demanded excellence, in himself and in others. He had a heart as big as his smile. He was less tolerant of those who did not strive for the same excellence or share the same work ethic. He was the quintessential physician, long hours, hard working and dedicated practitioner.

He was born in Philadelphia. Bob graduated from the University of Pennsylvania and Hahnemann Medical School. His urology training was at Philadelphia General Hospital. He was a member of Alpha Omega Alpha. He was certified by the American Board of Urology. Dr. Mandell was a member of the American Urological Association, American Association of Clinical Urologists, American College of Surgeons, American Medical Association, the Massachusetts Medical Society, the Hampden District Medical Society, the Massachusetts Association of Practicing Urologists, and, the Maimonedes Medical Society. He practiced at the Mercy Hospital and Baystate Medical Center in Springfield and Cooley Dickinson Hospital in Northampton. He was Chairman of the Department of Urology at Mercy Hospital and an Assistant Clinical Professor of Surgery of the Tufts Medical School on its Western Campus, Baystate Medical Center.

Dr. Mandell took a personal interest in educating his fellow physicians and community on the awareness and management of prostate cancer. For that effort he received one of eight (New England) first time recognition awards as Prostate Cancer Educator of the Year by the American Foundation of Urologic Disease. He was as proud of being the recipient as we, his colleagues, were proud to have him as a vanguard in the community representing Urology Group of Western New England. We, his partners, were proud to have known him, worked with him and proud to call him friend. We, as many, will miss him! ■

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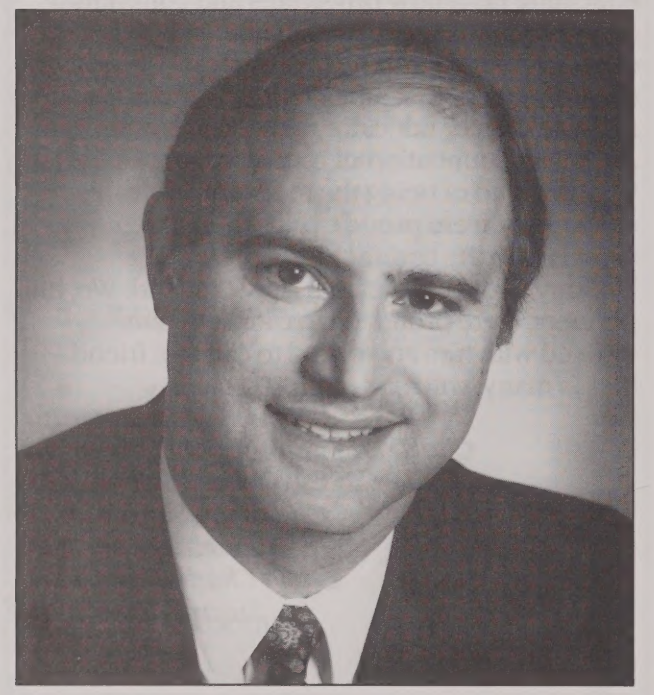
Medical Savings Accounts

On March 28, 1996, the U.S. House of Representatives overwhelmingly approved (267-151) a bill (The Health Coverage Availability and Affordability Act) that would not only place limits on malpractice awards, but also make provisions for tax exempt medical saving accounts (MSA's). The AMA was successful in having both provisions included in this health reform bill. The bill was passed primarily to allow "portability" of health insurance, and make it more difficult for insurers to deny coverage for people with pre-existing conditions. The bill faces a difficult road, and a probable Clinton veto (because of the malpractice reform portion and the medical savings account) Nonetheless, the bill is exciting because it shows that the Congress is seriously attacking health care reform in a fashion that is friendly to both physicians and patients.



John Papale, M.D., President

Medical savings accounts are favored by many physicians in our state and also by the AMA. Dr. Daniel "Stormy" Johnson, the president-elect of the AMA, also spoke in favor of MSA's at our January District Meeting. Such accounts would allow people to accumulate savings each year in much the same way that they can contribute to an IRA. All contributions would be tax-deductible and any interest accrued would be tax-free. The money in the account could then be used to pay for medical expenses. Such a system allows the patient to choose any provider without restrictions and also brings fiscal responsibility back to the patient. The freedom of choice is another key benefit that many patients will appreciate. Catastrophic coverage with high deductibles could be purchased to protect people against costs that would outstrip the money saved in the account.

Although such a system would be new to our country, it has been in place in Singapore since 1984. In fact, people of Singapore are required to place 6 percent of their annual income into medical savings accounts. This ensures that people will have money to pay their medical expenses, and at the same time puts the responsibility for controlling costs back in the hands of the consumer.

An exact duplication of the Singapore system would not be tolerated in our society because of the many restrictions involved, but the basic concept of allowing people to save for their own health care has proven itself to work in that society. Interestingly, citizens of Singapore can use excess balances in their pensions and medical savings accounts to help finance the purchase of a home. Not surprisingly, home ownership in Singapore is greater than 90 percent, more than any other country. In our country, the rate of home ownership is about 65 percent.

The MSA portion of the bill faces a steep uphill battle. Not only is the President against medical savings accounts, but the Senate is also not receptive to the idea at this time. Most political insiders feel MSA's will be taken out of any House-Senate Compromise measure. However, the passage of this bill by the House of Representatives can only be viewed as a positive sign by all of us. ■

Legislative Breakfast

The annual Hampden District Medical Society Legislative Breakfast was held at the Deliso Center, Mercy Hospital on April 12, 1996. Forty-seven members of the society joined Representative Anthony Scibelli and Phil Brunnault, Legislative Aide to Senator Michael Knapik, to hear a presentation by William Ryder, Senior Legislative Analyst for the Massachusetts Medical Society. Mr. Ryer gave a detailed evaluation of several bills of immediate importance to physicians which are currently before the state legislature. Following his formal remarks, Mr. Ryder then provided an overview of the results and expected ramifications of the recent changes in the House and Senate Leadership. He also led a general discussion of the means by which individuals can influence the legislative process. Representative Scibelli shared his insight into the importance of personal contact of interested individuals with their legislators. ■

Legislative Breakfast April 12, 1996

Respectfully submitted
Stephen A. Metz, M.D.
Legislative Delegate

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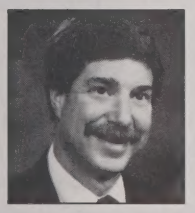
- providing for the orderly disposition of your practice in the event of death or disability?



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Arthur W. Price

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Cancer Liaison Physician Appointed For Local Hospital's Cancer Program

Norman N. Bein, M.D., FACS, of Chicopee, MA, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Holyoke Hospital, Inc. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.

Dr. Bein is among a national network of over 2,000 volunteer Cancer Liaison Physicians who provide leadership and support to the Approvals Program, and other Commission on Cancer activities.

Dr. Bein, who has a significant interest in the diagnosis and treatment of patients with malignant diseases, also provides local leadership for the annual national clinical goal of the Cancer Liaison Program. This year's goal is a joint effort by the Commission on Cancer and the American Cancer Society to impact the prevention of tobacco-related cancer and other diseases in the childhood and young adult population.

Established in 1956, the Commission on Cancer, which is composed of Fellows of the College and liaison members representing more than 30 other cancer-related organizations, has approved more than 1,400 cancer programs in institutions across the country. The Commission reviews each institution's cancer program for conformity to high standards set by the Commission, and encourages participating hospitals to equip and staff themselves so that they are able to provide the best in the diagnosis and treatment of cancer.

Recognizing that cancer is a complex group of diseases, the Cancer Liaison Physician promotes extensive communication and consultation among family physicians, surgeons, medical oncologists, diagnostic radiologists, radiation oncologists, pathologists, and other cancer specialists as a means of providing better patient care.

An integral part of an approved cancer program is its cancer registry. The Cancer Liaison Physician provides support and technical expertise to the hospital's cancer registrar and encourages the medical staff to use data generated by the registry. All patients who are diagnosed as having cancer or are being treated for the disease are listed in the registry so that the hospital can maintain contact with them and make sure that they receive continuing care and assistance with rehabilitation.

> The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.

Information collected through the registry allows Dr. Bein's institution to participate in national studies that are designed to improve patient care. Each year since 1976, more than 1,000 hospital cancer programs have collaborated with the Commission on these studies. Some of the most extensive incidence and survival statistics in the world have been amassed through this nationwide effort, resulting in the publication of more than 150 manuscripts in professional journals.

Cancer Liaison Physicians have also provided encouragement to their institutions to participate in the data collection program of the Commission, the National Cancer Data Base (NCDB). During the fifth call for data, cancer patient information collected from 928 institutions and provides statistics on 478,000 cases for 1988, and 996 institutions reporting 609,000 cases for 1993. The Cancer Liaison Physician cooperate regularly with this program in the dissemination and interpretation of the resultant reports and subsequent requests for data.

The American Cancer Society estimates that 1,359,150 cases of cancer (excluding basal and squamous cell skin cancer and carcinoma in situ) will be diagnosed during 1996. Twenty-two percent of the hospitals in the United States have cancer programs approved by the Commission on Cancer and 80 percent of new cancer patients are treated in these institutions.

For more information on the Cancer Liaison Program or the Approvals Program of the Commission on Cancer, please contact the Commission on Cancer at the American College of Surgeons, 55 East Erie Street, Chicago, IL 60611, (312) 664-4050. ■

TO THE MEDICAL COMMUNITY

The people of the East Longmeadow United Methodist Church are called to respond to the urgent needs of some of the estimated 700,000 people in the state who have no health insurance or who have inadequate health insurance. Often they are our family, friends, and neighbors who suffer silently in our midst. Recently, our church made the commitment to open a Free Evening Medical and Mental Health Service Program, similar to a Worcester Medical Program founded by Dr. Paul Hart. Now celebrating its third anniversary, that program currently serves an average of 50 patients per night, drawing persons from more than a fifty-mile radius.

At the beginning of May, 1996, we plan to open the free therapy program with a team of ten volunteer therapists. Within the next few months, we plan to open the medical program on Wednesday evenings from 6:00-8:00 p.m. Dr. Paul Hart has graciously offered to direct the medical program here for the first few months to get us started. During that time, he will work with interested physicians from the greater Springfield area.

Preventive care is the focus of our program, with plans to offer blood pressure checks, immunizations, and other injections, pap smears, school check-ups, treatment for minor illnesses, HIV-AIDS testing, free non-narcotic pharmaceuticals, oral cancer screening, social service counseling and psychotherapy.

If making a difference in the lives of people who suffer sounds like good news to you, we invite you to consider joining our volunteer staff of physicians, therapists, nurses, and medical students. Every volunteer is welcome, whether it be occasional service, or a weekly or monthly commitment.

For more information, please contact Beth or Dick Shepardson at 596-3319, or reach me at my office, 525-7416. ■

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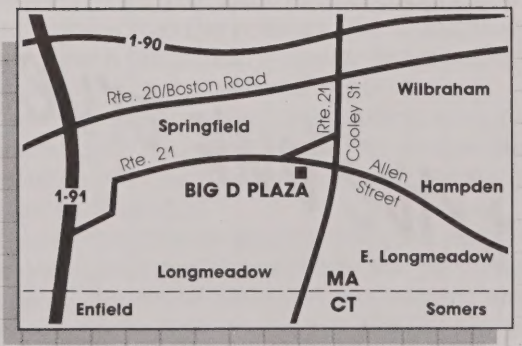

BIG D PLAZA
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Letter To The Editor

February 28, 1996

Dear Carroll H. Dwyer

Thank you so much for speaking with me regarding the research trial we are beginning in post polio syndrome. The purpose of this study is to determine if the medication Mestinon (pyridostigmine) improves the physical functioning, weakness, fatigue and general health status, and levels of insulin-like growth factor (IGF-1, a nerve growth factor) in people with PPS. In a previous open trial, 59% of patients appeared to respond favorably to use of this drug.

The study we are conducting is a double-blind, placebo controlled trial. Twenty one patients will be enrolled in this study, each for a six month period. At the end of that period, patients would be offered the medication for an additional period until the study results are known.

All expenses directly related to this study will be paid for by the study sponsor. This includes parking and study related office visits. Each patient enrolled will be asked to make 6 visits to New England Medical Center, the first three visits occurring within the first six weeks of the study for follow-up strength testing and medical exam.

Anyone interested in finding out more about this study or participating in a preliminary screening should contact me at (617) 636-5846.

Please feel free to distribute copies of this letter to any members of your PPS group.

Sincerely,
Roberta Meisinger
Research Coordinator

ESTABLISH A PRESENCE

At Mercy Hospital as it opens its Birthing Center this fall. We shall make it worth your while to assume our lease on a 700 square foot area we aren't currently using in the Hospital Campus Medical Building. This space is ideal for a large group to locate a satellite office or for a solo practitioner. Call Mrs. Kelley at 784-4302.

HDMS Annual Meeting

The Annual Meeting of the Hampden District Medical Society was held April 23, 1996 at the Storrowton Carriage House. State Senator Brian P. Lees was the guest speaker and he was very informative regarding current state legislative activities and how individuals can become involved in the political process.

One proposal currently being considered is a $100 million dollar tax increase on cigarettes to provide health insurance and prescription drug coverage for low income state residents. It would also include a provision to "scrap" the Dukakis mandated employer insurance plan. Governor Weld has been in favor of abolishing employer mandates, but the legislature has chosen each year to postpone, rather than abolish these mandates. It is very difficult to predict the success of any bill this year since all legislation must be passed by July and there is new leadership in the House and Senate. Senate bill 2104, which was signed by Governor Weld and is now law, was designed to help provide home care aid for senior citizens who may be appropriate for home care rather than nursing home care.

Three bills were filed this year which would set strict regulations or ban the conversion of non-profit hospitals to for-profit hospitals. The Massachusetts Hospital Association has recently opposed these bills during public hearings.

Senator Lees also addressed the issue of balanced billing by the state employees' John Hancock insurance plan. When the state switched carriers (from Blue Shield to John Hancock), they did not inform the subscribers that balanced billing would be allowed. Employees then started complaining to their legislators that they were being charged the balance on the indemnity plan. A bill was then introduced on April 10, 1996 and passed both the House and Senate by unanimous votes within two days! Senator Lees used this issue as a springboard to urge physicians to become involved in the political process and inform their elected representatives on issues that impact their lives and vocations. "A lot of things we do (i.e. legislators) don't just affect your bottom line... but affect what you can do, what others can do (e.g. scope of practice bills regarding non-physician providers) and it's important for us in the legislature to know what your position is... It is very important to get involved". He made a point that many non-physician health care providers "virtually knock our doors down" and physicians *must* make the effort to become involved or else their opinions will never be heard.

An enjoyable moment at the HDMS Annual Meeting.

Senator Lees concluded his comments with a brief anecdote illustrating how legislators are, in fact, influenced by phone calls and letters from their constituents. Letters are especially powerful, and he urged all physicians to write to their elected representatives on a regular basis. ■

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Westfield and West Springfield Chosen As Heart Attact REACT Research Communities

Heart Attack REACT (**R**apid **E**arly **A**ction for **C**oronary **T**reatment) is an 18 month study that will evaluate the effectiveness of a community-based program designed to reduce patient delay time from the start of symptoms of a possible heart attack to patient arrival at the hospital. REACT is the first multi-site, collaborative study in the United States that seeks to educate health care professionals, patients at risk for heart disease, and the public about the benefits of seeking early medical care for a possible heart attack.

The Heart Attack REACT study is funded by federal cooperative agreement grants from the National Heart, Lung, Blood Institute (NHLBI) of the National Institutes of Health. Five field centers were chosen from the 30 applications submitted to participate in this national study. The study is a collaboration between the five field centers (University of Alabama at Birmingham, University of Massachusetts Medical School, University of Minnesota, University of Texas Health Science Center at Houston, and the Seattle King County Department of Health/Oregon Health Sciences University), a study Coordinating Center (New England Research Institutes in Watertown, Massachusetts), and the NHLBI.

Each field center recruited four communities which they randomly assigned either to receive the intervention programs or to be comparison communities. They were pair-matched appropriately by key demographics (age, ethnicity, per capita income, etc.) and had populations between 50,000 - 150,000. Each community also had to have 9-1-1 in place. The NHLBI assigned Westfield / West Springfield and Worcester as the Massachusetts intervention communities.

The REACT intervention will be providing community education programs for Westfield and West Springfield residents. Because Westfield and West Springfield residents often obtain care in nearby communities, orientation programs for health professionals and institutions will cover a larger geographic area. The intervention will include selected health care delivery systems in the greater Springfield area.

Continued on next page

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REACT Research Communities

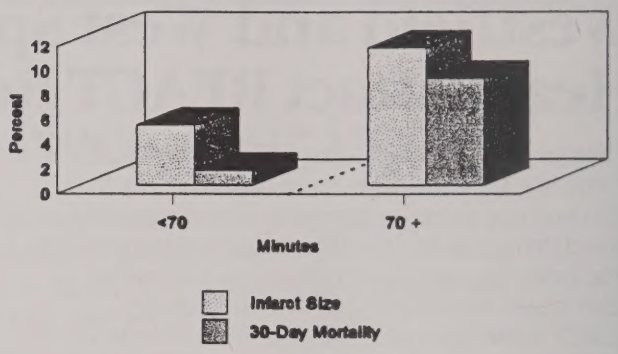
Continued from previous page

Study Rationale

Myocardial infarction remains the leading cause of death for men and women of all racial/ethnic groups in the United States despite the most recent advances in technology and treatment. Each year, there are an estimated 1.25 million myocardial infarctions in the U. S. resulting in 500,000 deaths.

The treatment of myocardial infarction has evolved dramatically over the past 20 years. Today, the goal is to limit myocardial damage by achieving and maintaining coronary reperfusion. Several large clinical trials (including GUSTO, GISSI and MITI) have shown that early reperfusion can dramatically reduce infarct size and the mortality associated with a myocardial infarction. The results of the Myocardial Infarction Triage and Intervention (MITI) trial demonstrate the importance of time to therapy. The MITI trial was a randomized controlled clinical trial that studied the effect of prehospital-initiated vs. hospital- initiated thrombolysis on outcomes following an MI. Treatment within 70 minutes of symptom onset in either the prehospital or hospital setting dramatically decreased the 30-day mortality compared with mortality when treatment was given more than 70 minutes from the onset of MI symptoms[1].

MITI: 30-Day Mortality Benefits



Source: Weaver et al, 1993.

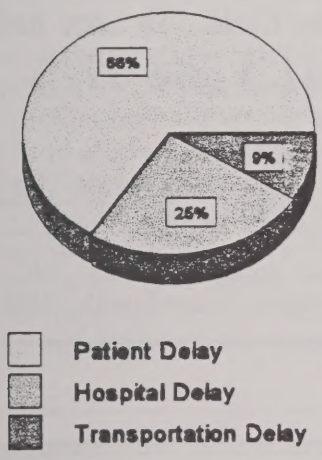
The MITI study also showed that most patients treated within 70 minutes of symptom onset showed no evidence of MI on thallium imaging - reinforcing the concept that early treatment can reduce infarct size and in some cases, prevent injury altogether. Clearly, the greatest benefit occurs during the first few hours, especially during the first hour after symptom onset.

Thrombolytic therapy for MI is generally safe and effective. However, only a minority of MI patients receive thrombolytic therapy. Most studies show that only one-quarter to one-third of MI patients receive thrombolytic therapy within

the first hour after symptom onset. In most trials to date, the greatest determinant of noneligibility for reperfusion therapy has been patient delay.

The National Heart Attack Alert Program (NHAAP) has focused efforts on prehospital (EMS) and hospital treatment of AMI over the last five years. Data from several studies have shown that the median patient delay time ranges from less than two hours to as much as six and one half hours. Between one-fourth and one-half of patients wait longer than four hours before seeking care. Because patient delay time constitutes two-thirds of the total delay time, the NHAAP has requested that NHLBI conduct this study.

Components of Delay in Management of AMI



Hennekens et al[2] consider reduction of patient delay to be a priority for future research. In addition, according to Weaver[3] there is a need to develop lay person education strategies that reduce time from identification of symptoms to actual initiation of treatment without unduly increasing use of emergency care systems by patients with non-cardiac pain. A significant reduction in this component is important to improve mortality, morbidity, and overall quality of life after MI.

Physician Counseling Has Strong Impact on Decreasing Patient Delay

Research has shown that even a brief discussion with a patient about symptoms and the need for fast action can dramatically influence their patients' behavior in seeking early treatment for symptoms of MI. According to a recent report in the New England Journal of Medicine[4] doctors recognize and accept the responsibility to educate their patients about health-related risk factors. However, only about one-third were convinced about their ability to be successful in

Continued on next page

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REACT Research Communities

Continued from previous page

helping patients change behavior. The formative research for REACT suggested that educating patients about how to recognize a possible heart attack and what actions to take is not a priority, especially in primary care.

Recognizing the intense time pressures on physicians, the Heart Attack REACT project has a professionally prepared brief counseling strategy and other materials to support physicians in helping their patients survive heart attacks. Physicians in Westfield, West Springfield and nearby communities are being called upon to play a major role in this important national study by helping to influence patient behavior, supporting and encouraging nurses and other professionals to educate patients, and by examining procedures and systems in their practice that might impact patient delay.

Lorraine Wallace and Kathleen Lovell are the site coordinators for the Westfield/West Springfield Heart Attack REACT community education intervention. The Heart Attack REACT office is located at 1111 Elm Street, Suite 9A, West Springfield. The coordinators can be reached at (413)733-4401. ■

References

1. Weaver, RD, Cerqueira M, Hallstrom AP, et al. Journal of American Medical Association. "Prehospital-initiated versus hospital-initiated thrombolytic therapy: the myocardial infarction, triage, and intervention trial (MITI)". Vol 270, 1993, 1211-6.
2. Hermekens C, O'Donnell J, Ridker P, Marder V. Journal of the American College of Cardiology. "Current Issues Concerning Thrombolytic Therapy for Acute Myocardial Infarction" Vol 25 No 7 (Supplement), June 1995, 18S-22S.
3. Weaver D, Journal of the American College of Cardiology. "Time to Thrombolytic Treatment: Factors Affecting Delay and Their Influence on Outcome". Vol 25 No 7 (Supplement), June 1995, 3S-9S.
4. Wechsler H, Levine S, Schor E, Croakley E. New England of Medicine. "The Physician's Role in Health Promotion Revisited - A Survey of Primary Care Practitioners" Vol 334 No 15, April 11, 1996, 996-998.

Why Do Patients Delay

- They may not perceive that they are at risk for a heart attack.
- They may not be certain that their symptoms are heart attack-related.
- They may be concerned that they will alarm or embarrass their families by the arrival of an ambulance.
- They may be fearful or reluctant to use emergency medical services.

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Doctor John C. Ayres–In Memoriam

Dr. John C. Ayres, 77, died in Pompano Beach, Florida on May 18th. Born in Lawrence, Massachusetts, he received a bachelor of science degree from the University of Massachusetts and his medical degree from Boston University School of Medicine. He earned a master of public health degree from Harvard University in Cambridge. Dr. Ayres was a veteran of World War II, having served in the Navy Medical Corps in the Pacific.

He served as the commissioner of public health in Springfield on a full time and part time basis until his retirement in 1984. He was the hospital director of Springfield Municipal Hospital from 1958 to 1973.

Dr. Ayres was a member of the American Medical Association, the Massachusetts Medical Society where he served as president in 1974-1975, and the Hampden District Medical Society where he served as Editor of The Hampden Hippocrat for eight years. He was a fellow of the American Public Health Association and the American College of Preventative Medicine, a charter member of the American Association of Public Health Physicians. Dr. Ayres was active in the New England Public Health Association, the Council of the New England State Medical Societies and the American College of Nursing Home Administrators. He was a former president of the Massachusetts Public Health Association, a member of the Massachusetts Hospital Association and a former director of Blue Shield of Massachusetts.

Dr. Ayres leaves two sons, Jeffrey and Dr. John, and a daughter Janet Taft. Memorial contributions may be sent to the Dr. John C. and Dora B. Ayres Student Revolving Loan Fund, Boston University School of Medicine, Alumni Association, Room L-120, 80 E. Congress Street, Boston, MA 02118 ■

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Hampden Committee Activities

The **MEDICO-LEGAL COMMITTEE** met in March to begin planning for their annual dinner program. The program will be held on Wednesday, October 30, 1996 at the Delaney House. The main topic selected was Confidentiality. Several sub-topics were also discussed including the legal implications of AIDS, psychiatric records, counseling records, peer review and producing medical records in response to a subpoena.

The **MEDICO-RELIGIOUS COMMITTEE** met in February and March to continue planning for their 12th Annual Medical Ethics Seminar. The seminar will be held on Wednesday, October 16, 1996 at Mercy Hospital Deliso Center. The committee has chosen the topic, "Ethical Implications of Managed Care". The speaker will be **Dr. Robert D. Orr** of the Center For Bioethics and Human Dignity. Dr. Orr is the co-author of a book titled, "Life and Death Decisions." Baystate Medical Center will provide copies of this book for sale to our audience at the seminar.

The **PUBLIC HEALTH COMMITTEE** met in March and April. **Dr. Barnshaw** submitted several articles and health related statistics he felt the committee should be aware of. He said that 15% of the monies used for health care now go to fight addictions. He presented an evaluation of a study done on 7th grade students who had been given training in Addiction-Nonnarcotic Drug Abuse Prevention. The study showed that there were 25% fewer smokers, 44% fewer drug users and 66% fewer poly-drug users in the group. Discussion was held on what is being done in the schools to prevent drug abuse.

Dr. Riley reported on a book he recommends entitled, "Guide to Clinical Prevention Services". The book contains information evaluation cards broken down into age groups for easier use by the physician.

The committee discussed the resignation of **Ms. Deloris Williams**, Commissioner of Public Health for the city of Springfield. They also discussed the appointment of **Ms. Helen Caulton** as the new Director of the Health and Human Services Department along with the Springfield Health Department. The two departments are being combined for the first time.

Mr. Carroll Dwyer, who came to speak with our committee last year on the topic of Post Polio Syndrome, sent a copy of a letter he received from Tufts University. The New England Medical Center's Neuromuscular Research Unit is doing a trial research working with post polio syndrome patients. Patients are still needed to participate. The committee felt that Mr. Dwyer's letter should be published in the Hippocrat.

The committee discussed the tape **Dr. Sheffield** has been working on entitled, "Preventing Teenage Pregnancy". Dr. Sheffield asked the committee members to volunteer to act as facilitators when the tape is shown in the health education classes in the Springfield schools. The members were agreeable to this and a letter will be sent to **Dr. Negroni**, Superintendent of Schools, asking him to set up a meeting with their health education department to get the program underway.

Our Winter District Meeting was held on Tuesday, January 23, 1996 at the Sheraton Springfield Monarch Place. Eighty-five members, spouses and guests attended. As in past years, we were honored to have the President-Elect of the AMA come and speak to our membership. **Dr. Daniel H. Johnson, Jr.** presented an update of AMA programs.

The Executive Committee met in January, March and April. **Dr. Jack Evjy**, Chairman of the Membership Recruitment Task Force for Mass. Medical, was our guest for the January meeting. Dr. Evjy reported that there is an effort being made to increase the strength of the district societies. He stressed the importance of one-on-one contact in membership recruitment. The

committee, along with Dr. Evjy and **Crystal Hogan** from the MMS Regional office, discussed the membership recruitment dinner that was held on March 29th, the eve of Doctor's Day. All four Western Mass. districts participated. Dr. Evjy informed the committee that a list of non-members would be given to each district for recruitment purposes.

The list of non-members was discussed at the March meeting. A membership recruit ment mailing was done using the names from the list. Returns have begun to come in.

On March 30th, in honor of Doctor's Day, an ad ran in the Union News titled, "Love Your Doctor". Seven area hospitals each contributed equal shares and had their hospital logo displayed in the ad.

Dr. Dress gave a report on the AMA Leadership Conference held in Washington, D.C. March 10 through 13th. A physician from the University of Wisconsin spoke at a physician work force session and predicted that in the next 20 years there will be a modest to slight over supply of physicians resulting in a decrease in residency positions. Dr. Dress also reported that **Dr. Harvey** and himself had the chance to speak with **Senator Kerry** and **Rep. Neal** about some of the issues facing physicians.

Our 2nd Annual Girl Scout Program will be held June 27, 1996. This year, **Doctor Koppelman** will chair the program. To date, eleven women physicians have said they will participate.

One hundred and seven members, spouses and guests attended our Annual Meeting held on April 23, 1996 at Storrowton Carriage House. The membership thanked **Dr. Papale** as the out-going President and welcomed **Dr. Daniel Dress**, who will serve as President this year. Our speaker for the evening, **Senator Brian P. Lees**, gave an update on issues being discussed on Beacon Hill. Senator Lees stressed the importance of physicians having contact with their local legislators. Senator Lees' presentation was informative as well as entertaining. ■

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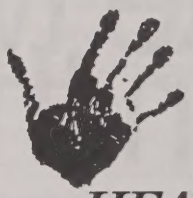

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New Members Welcome

CORRECTED:
Elizabeth M. Sutton, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: January 8, 1965
Premed: Tufts University 1983-1987
Harvard University Ext., MA 1988-1990
Medical: Georgetown University 1991-1995
Internship: Baystate Medical Center 1995-Present
Specialty: Emergency Medicine
Intern

Bert W. Adams
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: October 26, 1959
Premed: Pacific Lutheran University, WA 1987-1989
Medical: University of Vermont College of Medicine 1990-1994
Internship: Baystate Medical Center 1994-1995
Residency: Baystate Medical Center 1995-Present
Specialty: Pediatrics
Resident

Muhammad S. Awaisi
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: March 20, 1959
Premed: Govt. College Lahore, Pakistan 1975-1977
Medical: Nishtar Medical College Multan, Pakistan 1977-1984
Internship: Mayo Hospital, Pakistan 1984-1989
Residency: England - Sunderland, Epson, Crawley, Guilford 1989-1993
Fellowship: Boston City Hospital/Baystate Medical Center 1993-Present
Specialty: Orthopedic Surgery/Family Practice
Fellow

Peter B. Gibson
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: July 18, 1965
Premed: Brown University, RI 1983-1987
Harvard University 1988-1990
Medical: University of Cincinnati 1990-1994
Internship: Baystate Medical Center 1994-1995
Residency: Baystate Medical Center 1995-Present
Specialty: Internal Medicine/Pediatrics
Resident

John C. McCann
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: February 9, 1961
Premed: Swarthmore College, PA 1979-1983
Medical: University of Massachusetts Medical School 1984-1988
Internship: New England Medical Center 1988-1989
Residency: New England Medical Center 1989-1991
Fellowship: New England Medical Center 1992-1995
Specialty: Hematology/Oncology

Gary J. Nielan
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: August 13, 1964
Premed: State University of New York, Buffalo 1982-1986
Massachusetts Institute of Technology 1986-1988
Medical: State University of New York, Buffalo 1991-1995
Internship: Baystate Medical Center 1995-Present
Specialty: Pediatrics
Intern

Continued on next page

New Members Welcome

Continued from previous page

Brian D. Acker
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: October 31, 1951
Premed: York University, Toronto, Canada 1969-1973
Medical: University of Toronto Faculty of Medicine, Canada 1973-1977
Internship: Mt. Sinai Hospital, Toronto, Canada 1977-1978
Residency: Toronto East General, Toronto 1978-1979
Stanford University Medical Center 1979-1981
Princess Margaret Hospital, Toronto 1981-1982
Fellowship Princess Margaret Hospital, July-December 1982
Specialty: Radiation Oncology

Risa Aronson
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: March 21, 1964
Premed: Brandeis University, Waltham, MA 1982-1986
Medical: New York College of Osteopathic Medicine, New York 1987-1991
Internship: Baystate Medical Center 1991-1992
Residency: Baystate Medical Center 1992-1994
Fellowship: Baystate Medical Center 1994-1997
Specialty: Cardiology
Fellow

Noormahal Kabani
444 Montgomery Street
Chicopee, MA 01020

Born: March 30, 1953
Premed: Kinnaird College,Pakistan 1969-1971
Medical: Fatimah Jinnah Medical College/ Punjab University, Pakistan 1972-1977
Internship: Jinnah Postgraduate Medical Center, Pakistan May 1982-November 1982
Residency: Cook County Hospital, IL 1984-1987
Fellowship: Cook County Hospital, IL 1987-1989 (Pulmonary/Critical Care)
St. Vincent Hospital/UMass Medical Center 1989-1990 (Critical Care)
Specialty: Internal Medicine

Jeannette M. Wolfe
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: August 16, 1965
Premed: University of Notre Dame 1983-1987
Medical: Jefferson Medical College, PA 1987-1991
Internship: Stanford University/Kaiser Permanente, CA 1991-1994
Residency: Stanford University/Kaiser Permanente, CA 1991-1994
Specialty: Emergency Medicine

James M. Scaduto
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: June 25, 1969
Premed: State University of New York, Genesee, NY 1987-1991
Medical: SUNY, Health Sciences Center College of Medicine at Syracuse, NY 1991-1995
Internship: Baystate Medical Center 1995-1996
Residency: Baystate Medical Center 1996-Present
Specialty: Internal Medicine
Resident

Carloyn S. Tolley
15 Hospital Drive
Holyoke, MA 01040

Born: September 20, 1952
Premed: West VA University, West Virginia 1972-1985
Medical: West VA University School of Medicine 1985-1990
Internship: Allegheny General Hospital 1990-1991
Residency: West Virginia University Dept. of Medicine 1991-1993
Specialty: Internal Medicine

Yvonne M. Paris
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: February 4, 1958
Premed: University of Texas 1977-1980
Medical: Texas Tech University Health Science Center, TX 1985-1989
Internship: Baylor College of Medicine, TX 1989-1990
Residency: Baylor College of Medicine 1990-1992
Fellowship Children's Hospital of Philadelphia, PA 1992-1995
Specialty: Cardiology/Pediatric Cardiology

Geri A. Schmitt, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: December 9, 1968
Premed: SUNY at Stonybrook 1986-1990
Medical: SUNY Health Science Center, Syracuse, NY 1990-1994
Internship: Baystate Medical Center 1994-1995
Residency: Baystate Medical Center 1995-Present
Specialty: Obstetrics/Gynecology
Resident

Genda S. Maissel, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: July 12, 1961
Premed: University of Connecticut 1979-1983
Medical: SUNY Health Science Center, Syracuse, NY 1983-1987
Internship: Crozier Chester Medical Center, PA 1987-1988
Residency: Thomas Jefferson University Hospital, PA 1988-1991
Specialty: Physical Medicine/Rehabilitation

Michael L. Sher, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: October 31, 1968
Premed: Amherst College, MA 1986-1990
Medical: New York Medical College 1990-1994
Internship: Baystate Medical Center 1994-1995
Residency: Baystate Medical Center 1995-Present
Specialty: Internal Medicine
Resident

Dena K. Daybell, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: April 17, 1967
Premed: University of California, Berkeley 1985-1989
Medical: Eastern Virginia Medical School, Norfolk, VA 1991-1995
Internship: Baystate Medical Center 1995-1996
Residency: Baystate Medical Center 1996-Present
Specialty: Internal Medicine/Pediatrics
Resident

Jane C. Primm, M.D.
444 Montgomery Street
Chicopee, MA 01020

Born: March 19, 1957
Premed: University of Wisconsin-Center-Manitowoc County 1975-1977
University of Wisconsin-Madison 1977-1979
Medical: University of Washington Medical School, WA 1980-1985
Internship: Deaconess Hospital, St. Louis, MO 1985-1986
Residency: University of California-Davis @ Martinez Site V.A. Medical Center 1988-1991
University of California-Davis, Sacramento 1991-1992
Fellowship: Oregon Health Sciences University, Portland, OR 1992-1993
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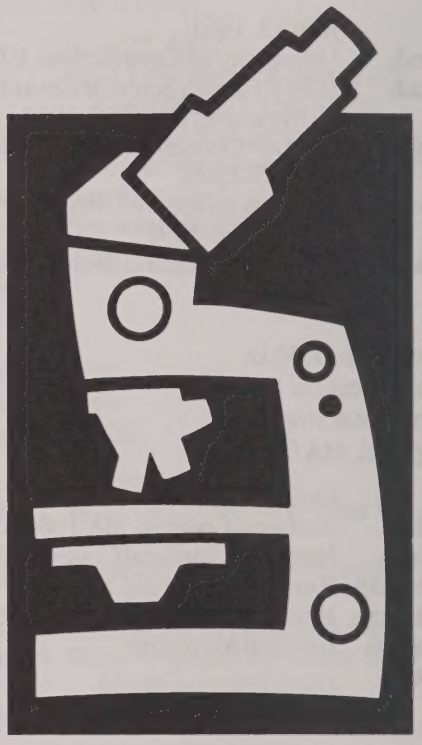

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Humor and Medicine... You Must Be Joking!!! Members of the Franklin, Hampden, and Hampshire District Medical Societies found it's possible to combine humor and medicine as members, nonmembers, and their guests enjoyed a fun evening with Stu Silverstein, M.D. In addition to being a pediatrician, Doctor Silverstein is a professional standup comedian. On March 29, 1996, in celebration of Doctor Appreciation Day, the three district medical societies joined together for a regional membership recruitment effort at The Delaney House in Holyoke, and enjoyed a look at the lighter side of medicine and the healing power of humor.

History of Doctor's Appreciation Day

Red carnations filled the room to honor Doctor Appreciation Day. The red carnation is the official symbol of Doctor's Appreciation Day, and signifies honorary distinction. Historically, the carnation was used as a spice to season dishes in order to "preserve the body of men, both in mind and spirit." The color red denotes love, charity, sacrifice and courage. What better symbol to encompass the demands of the medical profession today.

First celebrated on March 30, 1933, in Barrow County, Georgia, March 30 is the day declared by Presidential Proclamation as National Doctor's Day–a day set aside to recognize physicians for their dedication, leadership, and tremendous contributions to society. March 30th was chosen because it was the day in 1842 that Georgian Doctor Crawford W. Long first used ether anesthesia in surgery.

The day was first celebrated nationally in 1991 when former President George Bush signed a proclamation that Doctor's Day should be used to recognize physicians "who carry on the quiet work of healing each day in communities throughout the United States–indeed throughout the world."

Public Law 101-473 designating March 30 as National Doctors' Day was approved October 30, 1990 as a Joint Resolution of the 101st Congress. It reads as follows:

"Whereas society owes a debt of gratitude to physicians for the contributions of physicians in enlarging the reservoir of scientific knowledge, increasing the number of scientific tools, and expanding the ability of health professionals to use the knowledge and tools effectively in the never-ending fight against disease; and

Whereas society owes a debt of gratitude to physicians for th sympathy and compassion of physicians in ministering to the sick and in alleviating human suffering; Now, therefore, be it.

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That–

1. March 30 is designated as "National Doctors Day"; and
2. the President is authorized and requested to issue a proclamation calling on the people of the United States to observe the day with appropriate programs, ceremonies, and activities." ■

Submitted by:
Crystal L. Hogan, Regional Coordinator
Massachusetts Medical Society
West Central Regional Office

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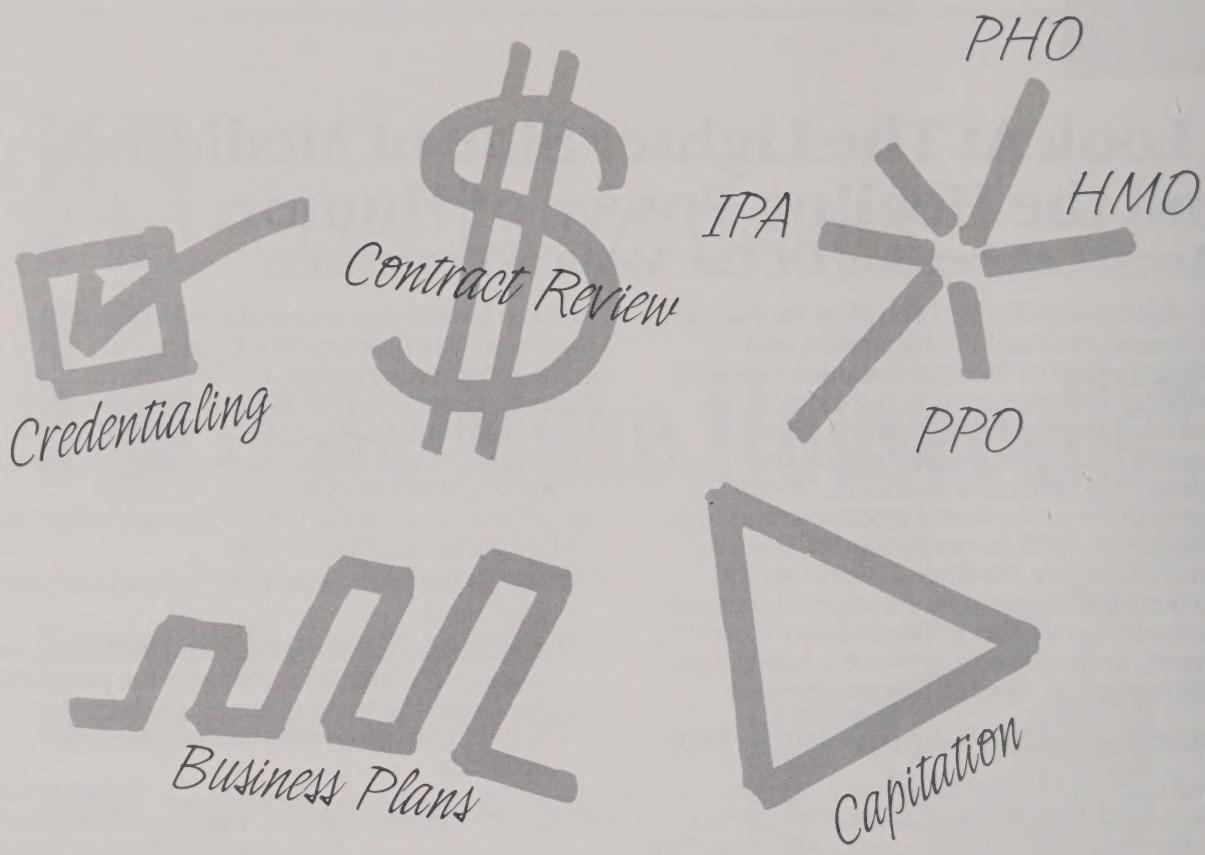

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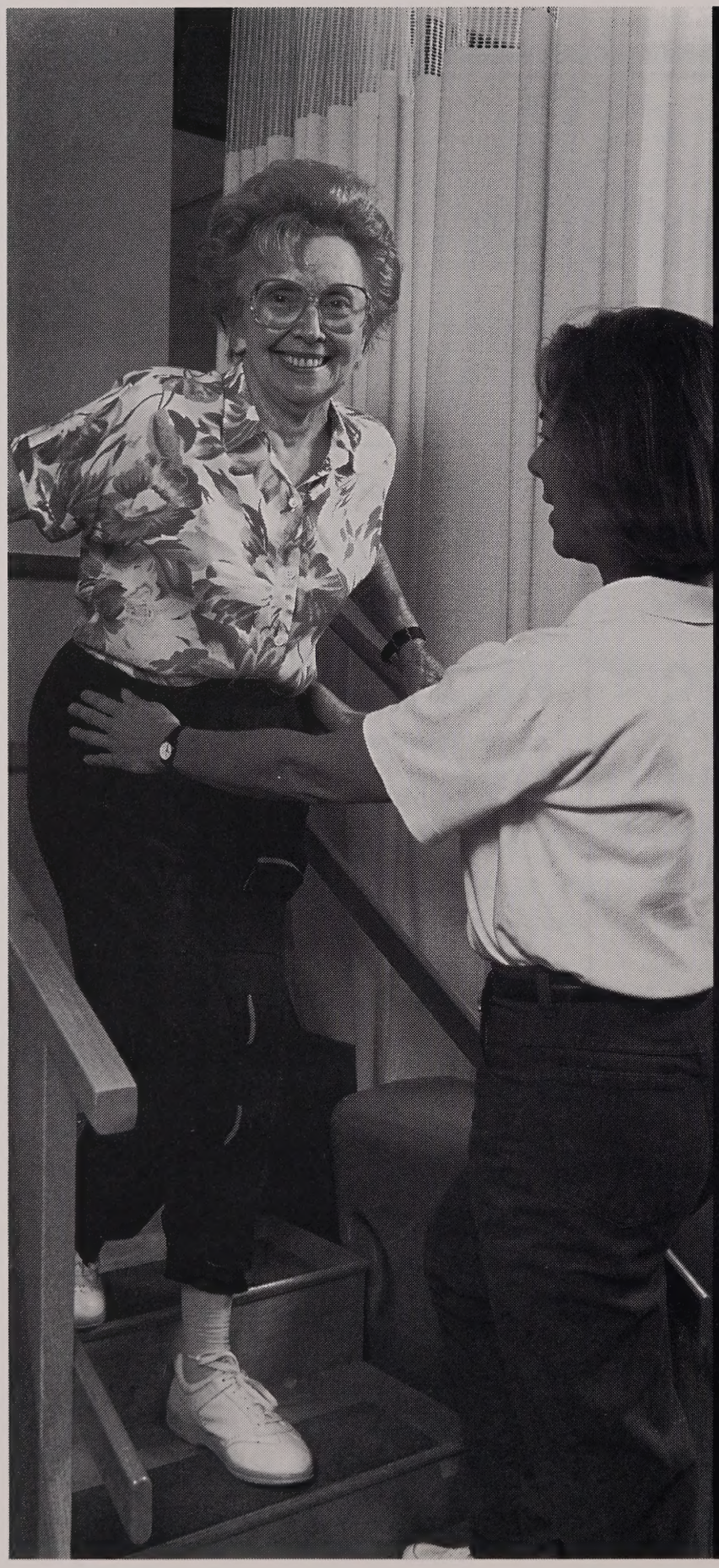

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